

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**

SERIAL NO.

10783855

FILED DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1	1					
2		1				
3		2				
4		2				
5		2				
6		2				
7		2				
8		2				
9		2				
10		1				
11		5				
12		1				
13		2				
14		2				
15		2				
16		2				
17		2				
18	1					
19		1				
20		2				
21		2				
22		2				
23		1				
24		2				
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47						
48						
49						
50						
TOTAL IND.	2					
TOTAL DEP.	39					
TOTAL CLAIMS	41					

	IND		DEP		IND		DEP	
	IND	DEP	IND	DEP	IND	DEP	IND	DEP
51								
52								
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TOTAL IND.								
TOTAL DEP.								
TOTAL CLAIMS								